

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

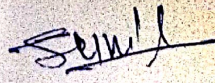
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

Sir / महोदय,

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे
दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

| | | |
|---|--|-------------------------------------|
| 1 | Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं. | SUNIL GAUND 9176052073 |
| 2 | Vehicle No. / वाहन संख्या | UP56 BC 7447 |
| 3 | Policy No. / पालिसी संख्या | 252400/81/2025/98314 |
| 4 | Period of Insurance / बीमा अवधि | 27/03/2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 23/03/2026 & 2:30 pm, |
| 6 | Place of Accident / दुर्घटना का स्थान | GORAKHPUR |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | DHIRAJ GAUND UP5620250013599 |
| 8 | Estimated Loss / अनुमानित हानि | 5000/- |
| 09. Cause of Accident / दुर्घटना का कारण : अज्ञान से टैक्सी चालक द्वारा गाड़ी को न्यून चक्कर गाड़ी रोड के किनारे टलीय कर दिया । गीटर से सहजता जाते समय | | |
| 10 | Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम | SELF SURVEY. |
| 11 | Third Party Loss / तृतीय पक्ष हानि / FIR No. | No. |
| 12 | Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं. | HEOD P. MOTOR SOMERSAR GORAKHPUR |

Date / दिनांक : 25/03/2026
हस्ताक्षर


Signature of Insured / बीमाधारक के



The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Regd. Office: Oriental House, P.B. No.7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address _____

Certificate/Policy No. 252400/81/2025/98317

Tel. No. _____

Period of Insurance 27/10/2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

1. INSURED
 (a) Name : SUNIL GAUND
 (b) Address for correspondence : NRCHADL MAHARAS GAND
 (c) Telephone : 9176052073

2. THE INSURED VEHICLE

| | | |
|--|---|---|
| Make & Year <u>UPS6</u> <u>BC-7447</u> | Engine No. <u>28341</u> Chassis No. <u>28324</u> | Registration No. <u>UPS6</u> 82111 |
|--|---|---|

- (a) Was the vehicle in proper working condition? Yes.
 (b) For what purpose was the vehicle being used at the time of accident? Personal use.
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : 242
 (b) Unladen Weight : 112
 (c) Weight of goods carried/Load Challan No. : No
 (d) Nature of permit : MAHARAS GAND
 (e) Nature of goods carried : NO
 (f) Was the vehicle plying for hire : Yes.
 (g) If Lorry/Jeep/Tractor, was trailer attached? : No
 (h) Number of passengers carried : 01
 (i) Number of Passenger permitted : 02

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? NO
- (b) If yes, give full details NO
- (a) Give names and addresses of passengers/other Witness, if any NO
- (b) Did a Police Constable take particulars of The accident? NO
- (c) Was accident reported to Police? If not, why? NO
- (d) If yes, to which Police Station? NO
- (e) Date and Diary No. NO

9. WITNESS

- NO
- NO
- NO
- NO
- NO

10. THEFT

- (a) Date and Time NO
- (b) Place NO
- (c) What was stolen? NO
- (d) Estimated cost of replacement? NO
- (e) By whom discovered and reported? NO
- (f) Has theft been reported to Police? NO
- (g) When? NO
- (h) Which Police Station? NO
- (i) C.R. diary Number NO

I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date _____ 200

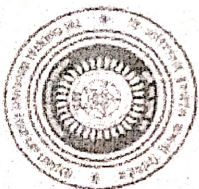
Signature of the insured Semil

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing
Office



The Oriental Insurance Company Limited
Head Office: A-25/27, Asaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 200 _____
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
(In words Rupees _____
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. _____ insured under Policy No. _____ of _____
the said company and accident which occurred on or about _____ I/We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present of future arising directly/indirectly in respect of the said accident.

Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs 5000/-

Witness
Name
Signature
Address

Signature
Occupation
Address

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department Maharajganj

FORM 23

CERTIFICATE OF REGISTRATION

| | |
|--|---|
| Registration No Description of Vehicle Dealer's Name & Address Make Full Address (Permanent) Full Address (Temporary) Fitness Up To Detailed Description Class of Vehicle Ownership Dealer's Name Front HSRP No Type of Body No of Cylinders No of Doors No of Seats Motor's Classification Steering Caplin (all) Steeper Cap Colour Other Criteria Vehicle Purchase As | : UP568C7447 M-CYCLE/SCOOTER D P MOTORS OPP MAN ENG COLLEGE DEORIA ROAD GORAKHPUR SUNIL SAUTID S2 RAUTIAR RAUTIAR RAUTIAR, NICHAL NICHAL, MAHARAJGANJ, UTTAR PRADESH S2 RAUTIAR RAUTIAR RAUTIAR, NICHAL, MAHARAJGANJ, MAHARAJGANJ, UTTAR PRADESH : 29-Mar-2040 M-CYCLE/SCOOTER INDIVIDUAL HERO MOTORCORP LTD AA1039716224 SOLO WITH PILLION 4 AA11F1SHB28341 7.91 SPLENDOR+ XTEC 20 2 0 Black Heavy Grey Fully Built As Regd. |
|--|---|

| | |
|---|---|
| Registration Date Purpose For Printing RC Son/Daughter of Owner Serial No Link Vehicle No Norms Rear HSRP No Month/Year of Manuf. Chassis No Fuel Cubic Capacity Wheel base Standing Cap Unladen Wt (kgs) Laden/GV Wt (kgs) AC Fitted Weight (in kgs) | : 29-Mar-2025 NEW Son/Daughter of 1 SHARAT STAGE VI AA2121335649 02/2025 MBLHM400094528331 PETROL 1225 1225 0 112 242 NO 242 |
|---|---|

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf. : _____

a) Front : _____

b) Rear : _____

The motor vehicle above described is subject to Hypothecation in favour of IDFC FIRST BANK LTD GORAKHPUR, Gorakhpur, Uttar Pradesh-273001 w.e.f. 28-Mar-2025.

| | |
|---|---------------|
| Purchase dt | : 29-Mar-2025 |
| OTT Date | : 28-Mar-2025 |
| Vehicle is Govt/ Pvt. | : PRIVATE |
| Date of Approval | : 01-Aug-2025 |
| Other State/Transfer/Conversion/Reassign Details | |
| Previous Owner | : _____ |
| Old State | : _____ |
| Transfer Date | : _____ |
| This certificate is valid from 30-Mar-2025 to 29-Mar-2040 | |

Signature
ARTORIA

Q 4774685

This certificate is valid from 30-Mar-2025 to 29-Mar-2040. For more details, visit the website: www.up.gov.in. The certificate is valid only for the purpose mentioned above.



Indian Union Driving Licence

Issued by Uttar Pradesh



UP56 20250013599



Issue Date 22-07-2025 Validity (NT) 20-01-2044 Validity (TR)



Holder's Signature

Name:

DHIRAJ GOND

Date of Birth: 21-01-2004

Blood Group:

Organ Donor: N

Son/Daughter/Wife of:

SUNIL PRASAD GOND

Address:

MCHALUL RAUTAR MCHALU MAHARAJGARH
UTTAR PRADESH 273306

Date of First Issue 22-07-2025

आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT

GOVT. OF INDIA



दाता सेवा स्थान संद

Remittance Account Number Card

EJTPG8342B

DHIRAJ GOND

पिता का नाम / Father's Name

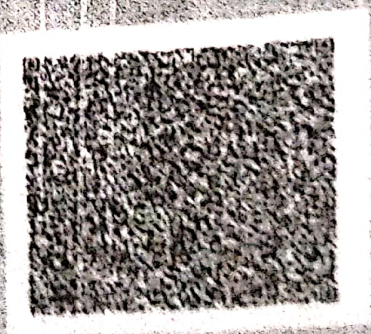
SUNIL PRASAD GOND

Dhiraj

हस्ताक्षर / Signature

21/01/2004

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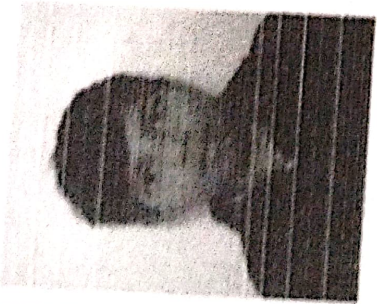


भारत सरकार

Government of India



Aadhaar no. issued: 21/12/2016



धीरज गोंड

Dhiraj Gond

जन्म तिथि/DOB: 21/01/2004

पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या स्कैनर कोड/ऑफलाइन एक्सप्रेसल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

5964 8357 1422

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



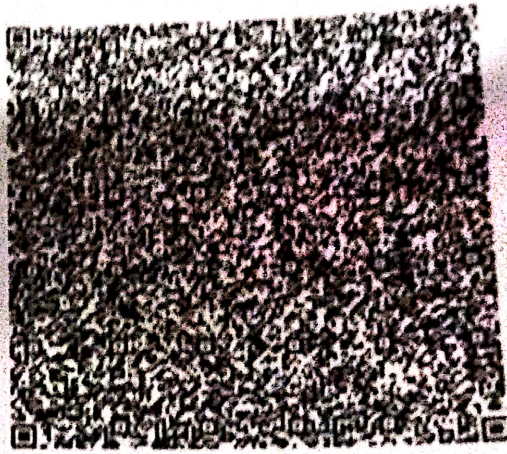
पता:

द्वारा: सुनील प्रसाद गोंड, रौतार, निचलौल, महाराजगंज,
उत्तर प्रदेश - 273304

Address:

C/O: Sumil Prasad Gond, Rautar, PO:
Nichlaul, DIST: Maharajganj,
Uttar Pradesh - 273304

Details as on: 12/05/2024



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VID : 9145 3611 3185 0766